

# FINANCIAL AGREEMENT FOR ANESTHESIA SERVICES

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Procedure \_\_\_\_\_

**Estimated** treatment time: \_\_\_\_\_

**Estimated** Anesthesia time: \_\_\_\_\_

**Estimated** anesthesia fee: \_\_\_\_\_

Anesthesia fees are:

\$800.00 for the first hour

\$200.00 for each additional 15 minutes (or portion thereof)

Anticipated method of payment: Cash      Visa / MasterCard      (No Checks Accepted)

The estimated anesthesia fee is based upon the dentist's estimate of treatment time, anesthesia preparatory time and the patient's response to the anesthetic used.

Payment for anesthesia services is due the day of treatment. **In the event anesthesia time exceeds the estimate, the patient is responsible for the additional charges.**

However, if the anesthesia time is less than the estimate, the patient will receive a prorated refund (if the anesthesia fees are paid in advance).

Many insurance policies do not pay for anesthesia services for dentistry. Please check with your insurance company regarding your benefits. We will be happy to provide a receipt for the anesthesia services.

I understand that if I fail to pay the anesthesia fees (a returned check or failure to pay the balance in the event of a financial arrangement), I will be charged an interest of 18% APR and will be liable for all the collection charges and/or court fees.

I have read, understand and agree with the above **estimate** of fees.

Print Patient's Name \_\_\_\_\_ Phone \_\_\_\_\_

Print Parent/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**I authorize Dr. Wong to charge my Visa/Mastercard:**

# \_\_\_\_\_ Security digits \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_